



City of Garden City, Georgia
100 Central Avenue, Garden City, Georgia 31405. Phone: 912-966-7777 Fax: 912-963-2735
BUILDING DEPARTMENT

Commercial Permit Application

DATE _____ BLDG. PERMIT NO. _____
THIS APPLICATION SHALL BE MADE IN ACCORDANCE WITH APPLICATION REQUIREMENTS OF GARDEN CITY CODE FOR A PERMIT TO ERECT, ALTER, REPAIR, OR USE A STRUCTURE AS DESCRIBED HEREIN AND AS REQUIRED BY THE DEVELOPMENT PERMIT.

Project Name: _____	Architect/Engineer: _____
Project Address: _____	Address: _____
City: _____ ST: _____ ZIP: _____	City: _____ ST: _____ ZIP: _____
Parcel ID#: _____	Phone#: _____
Type of Business: _____	Email: _____
Building Owner: _____	Contractor: _____
Address: _____	Address: _____
City: _____ ST: _____ ZIP: _____	City: _____ ST: _____ ZIP: _____
Phone: _____	Phone: _____
Email: _____	Business License#: _____
	State License#: _____ Type#: _____

PURPOSE OF PERMIT:

☐ Shell Only ☐ Complete Structure for C.C. ☐ Complete Structure for C.O.
☐ Sprinkler ☐ Vanilla Box ☐ Interior Finish for Leased Tenant
☐ Other

Sanitary Facilities

☐ Sewer ☐ Co. Water ☐ City Water
☐ Septic ☐ Well ☐ Other

PROJECT DESCRIPTION: Type of Construction: I II III IV V (A) (B)

Type of Occupancy: A B E F H I M R S MISC.

Mixed Occupancy Breakdown _____

SIZE OF PROJECT (SQ. FT.) _____

Total Impervious Coverage of Future Bldg. Site (Including Bldg. Footprint) _____ ESTIMATED COST OF CONSTRUCTION _____

<u>ELECTRICAL</u>	<u>HVAC</u>	<u>PLUMBING</u>
<input type="checkbox"/> Partial <input type="checkbox"/> Other	<input type="checkbox"/> Partial <input type="checkbox"/> Other	<input type="checkbox"/> Partial <input type="checkbox"/> Other
<input type="checkbox"/> Full	<input type="checkbox"/> Full	<input type="checkbox"/> Full
<input type="checkbox"/> Service Change	<input type="checkbox"/> Service Change	<input type="checkbox"/> Service Change
<input type="checkbox"/> Underground		<input type="checkbox"/> Underground

THE APPLICANT SHALL BE RESPONSIBLE FROM THE DATE OF THIS PERMIT OR FROM THE TIME OF THE BEGINNING OF THE FIRST WORK, WHICHEVER SHALL BE THE EARLIER, FOR ALL INJURY OR DAMAGE OF ANY KIND RESULTING FROM THIS WORK, WHETHER FOR BASIC SERVICES OR ADDITIONAL SERVICES, TO PERSON OR PROPERTY. THE APPLICANT SHALL EXONERATE, INDEMNIFY AND SAVE HARMLESS THE CITY FROM AND AGAINST ALL CLAIMS OR ACTIONS AND ALL EXPENSES INCIDENTAL TO THE DEFENSE OF ANY SUCH CLAIMS, LITIGATION AND ACTIONS BASED UPON OR ARISING OUT OF DAMAGE OR INJURY (INCLUDING DEATH) TO PERSONS OR PROPERTY CAUSED BY OR SUSTAINED IN CONNECTION WITH THE PERFORMANCE OF THIS PERMIT OR BY CONDITIONS CREATED THEREBY OR ARISING OUT OF OR IN ANY WAY CONNECTED WITH WORK PERFORMED UNDER THE PERMIT OR FOR ANY AND ALL CLAIMS FOR DAMAGES UNDER THE LAWS OF THE UNITED STATES OR OF GEORGIA ARISING OUT OF OR IN ANY WAY CONNECTED WITH THE ACQUISITION OF AND CONSTRUCTION UNDER THE PERMIT AND SHALL ASSUME AND PAY FOR, WITHOUT COST TO THE CITY, THE DEFENSE OF AN AND ALL CLAIMS, LITIGATIONS AND ACTIONS, SUFFERED THROUGH ANY ACT OR OMISSION OF THE APPLICANT OR ANY SUBCONTRACTOR, OR ANYONE DIRECTLY OR INDIRECTLY EMPLOYED UNDER THE SUPERVISION OF ANY OF THEM. I HEREBY CERTIFY THAT I HAVE EXAMINED AND UNDERSTAND ALL INFORMATION ON THIS APPLICATION AND THAT THE ABOVE STATEMENTS AND INFORMATION SUPPLIED BY ME ARE TRUE AND CORRECT. ALL PROVISIONS OF LAWS AND ORDINANCE GOVERNING WORK TO BE PERFORMED SHALL BE COMPLIED WITH WHETHER SPECIFIED OR NOT.

PLEASE PRINT NAME

APPLICANT'S SIGNATURE

DO NOT COMPLETE THE FOLLOWING – OFFICE USE ONLY

FLOOD ZONE/MAP # _____ PARCEL # _____ ZONING _____ LAND USE CODE: _____
SETBACKS FROM PROPERTY LINES: LEFT _____ RIGHT _____ FRONT _____ REAR _____
DEV. PERMIT NO _____ DATE ISSUED _____ VERIFIED BY/DATE _____ ISSUED BY _____

BUILDING VALUATION _____ COST OF PERMIT _____

BUILDING PERMIT HOLDS/REMARKS:

